



SAINT PAUL
SAFETY & INSPECTIONS

Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Class "R" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with each application. This application is subject to review by the public.

This application requires District Council notification prior to submission.

Types of License(s) being applied for:

Fee(s):

1.	TOBACCO PRODUCTS SHOP	535.00
2.		
3.		
4.		
5.		
6.		
7.		

Total: \$ 535.00

Business Information

Business Address: 2111 OLD HUDSON RD SAINT PAUL MN 55119
Street City State Zip

Company Name: SUNDAY VAPOR ZONE **Doing Business As:** SMOKES VAPOR ZONE

Company Type: Corporation Partnership Sole Proprietorship

Date of Incorporation: 05/04/2023 **Date of Anticipated Opening:** 05/30/2024

Mailing Address: [REDACTED]
Business Phone #: [REDACTED]

Applicant Information

Applicant Name: KARIM M MISHAL
First Middle Last

Title: OWNER **Date of Birth:** [REDACTED]

Drivers License: [REDACTED] **Email:** [REDACTED]
State License #

Home Address: [REDACTED]
Street City State Zip

Cell Phone #: [REDACTED] **Alternate Phone #:** [REDACTED]

Supplemental Required Information

Are you going to operate this business personally? Yes: No:
If no, who will operate it?

Operator Name: KARIM M MISHAL
First Middle Last
Home Address: [REDACTED]
Street City State Zip
Date of Birth: [REDACTED] Phone #: [REDACTED] Email Address: [REDACTED]

Are you going to have a manager or assistant in this business? Yes: No:

If manager is not the same as the operator, please complete the following information:

Manager Name: ABDELHADI R A MISHAL
First Middle Last
Home Address: [REDACTED]
Street City State Zip
Date of Birth: [REDACTED] Phone #: [REDACTED] Email Address: [REDACTED]

Please list all other officers of the corporation (Attach another sheet if applicable.)

Officer Name: _____
First Middle Last
Title: _____ Email: _____
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone #: _____

Officer Name: _____
First Middle Last
Title: _____ Email: _____
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone #: _____

Officer Name: _____
First Middle Last
Title: _____ Email: _____
Home Address: _____
Street City State Zip
Date of Birth: _____ Phone #: _____

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief. I also hereby state that I have provided a completed District Council Notification Form to the district council representing the planning district in which my business will operate.

[REDACTED SIGNATURE]

Applicant Signature

OWNER
Title

05/30/2024
Date